

PRE-ADMISSION SCREENING



Personal Information

Full Name: _____	Date of Birth: _____
Cell: _____	Email: _____
Gender: _____	Referral: _____
Allergies: _____	Special Diet: _____
Next of Kin: _____	
Cell: _____	Email: _____

Fees

Payable in Cash	<input type="checkbox"/>	Medical Aid Exclusions / Waiting Periods?	Yes	No
Sponsored Bed	<input type="checkbox"/>	Membership Start Date Exceeding 12 Months?	Yes	No
Payable by Medical Aid	<input type="checkbox"/>	Rehabilitation Benefits used this year?	Yes	No

Current Alcohol or Drug Use

Does the client believe he/she has a drug/alcohol problem? Are they willing to be admitted voluntarily?

What kind of drugs does he/she use? How much? How often?

Does he/she have problems at home/work/socially/with police? Please give us a detailed description.

Is he/she experiencing any of the following: (Please tick)

Morning use	Shakes	Isolated Use	Hiding
Changing substances	Changing patterns	Using to avoid withdrawal	Anger

When did he/she last drink/use?

Do you believe the client is currently experiencing psychosis? (Auditory hallucinations, visual hallucinations, persecutory delusions, paranoia, etc.) (Please give detailed description)

History

Has he/she had any periods of being totally chemically clean? (When and for how long?)

Has he/she ever overdosed, either accidentally or deliberately? (When?)

Has he/she ever harmed themselves either accidentally or deliberately? (Please give detailed description)

Has he/she ever been diagnosed with a psychiatric problem? (If yes, please state when, the diagnosis and treatment)

Has he/she ever been treated for substance abuse at a centre or hospital? (Where, when and how long?)

Medical History

Is he/she currently on any medication? (Please indicate what type, diagnosis and doctor that is monitoring your treatment)

Are there any other underlying health conditions that we should be aware of? (including dentistry concerns)

For Office Use

Action:

If Referral

Institution:

Referred To:

Reason:

I understand that by signing the pre-admission form I declare that the information herewith stated is true and correct to the best of my ability. Failure to comply with the admission criteria or non-disclosure of certain information may put the client, staff or other residents at risk and could, therefore, be held liable for any loss, damage or harm that resulted.

Family/Sponsor Signature: _____

Date: _____

Staff Signature: _____

Date: _____